



# Application for CEC allocation for RTO Mentorship Programs



It is recognised that receiving supervised and structured mentoring by a qualified and experienced exercise professional will support and prepare students as they commence their careers in the fitness industry.

Mentorship programs offered by Registered Training Organisations (RTOs) are eligible for approval within the Fitness Australia Continuing Education platform.

Such mentorship programs should be structured to contribute to the development of key knowledge and skills related to Units of Competency within the student's fitness qualification and the scope of practice of a Registered Exercise Professional.

Approval and allocation of Continuing Education Credits (CECs) to RTO Mentorship programs is subject to the program meeting the criteria as outlined below.

The opportunity for Registered Exercise Professionals to gain CECs through mentoring will be profiled through Fitness Australia communication channels.

**To apply for Fitness Australia CEC approval for an RTO Mentorship program, please complete the application details listed below:**

Registered Training Organisation Name: \_\_\_\_\_  
RTO TOID: \_\_\_\_\_  
Contact First Name: \_\_\_\_\_ Surname: \_\_\_\_\_  
Postal Address: \_\_\_\_\_  
Phone Number: ( ) \_\_\_\_\_ Email: \_\_\_\_\_  
Name of Mentorship Program: \_\_\_\_\_

Please indicate which states / territories your Mentorship program will be offered in:

ALL     QLD     NSW     ACT     VIC     TAS     SA     WA     NT

Type of Submission:     New     Renewal

## Mentor Requirements:

1. The mentor must be a **minimum Level 2 Registered Exercise Professional** (registration categories held must be relevant to the skills and knowledge being taught).
2. The mentor will have a **minimum of 2 years of experience** in the field that they will be teaching.



**Fitness Australia**

Level 3, 180 Albert Rd, South Melbourne VIC 3205

T. 1300 211 311 F. 1300 734 613 E. [cecsupport@fitness.org.au](mailto:cecsupport@fitness.org.au) W. [fitness.org.au](http://fitness.org.au)

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## Mentorship Program Documentation

As part of the Mentorship program approval process each RTO must submit the following template documents:

<b>Exercise Professional Mentor Application Form</b>	<p>Must include:</p> <ul style="list-style-type: none"><li>■ Mentor contact details</li><li>■ Qualifications and experience of the mentor</li><li>■ Details of facility (indoor or outdoor) in which supervision will be undertaken</li><li>■ Services offered</li><li>■ Availability of equipment</li><li>■ Considerations for risk management</li></ul>
<b>Practical Experience Agreement</b>	<p>Must outline the responsibilities, expectations and rights of all parties:</p> <ul style="list-style-type: none"><li>■ Mentor: It is required that your agreement states: The mentor and the business (that the mentor operates within) agree to adhere to regulations including (but not limited to):<ul style="list-style-type: none"><li>– Jurisdictional OH&amp;S legislation</li><li>– Civil Liability Law</li><li>– Privacy Law</li><li>– Consumer Law</li><li>– Anti-discrimination Law</li><li>– Criminal Law – this may include a national criminal history record check or working with children check (if applicable)</li><li>– Local government policy for the use of public space for exercise service delivery (if applicable)</li><li>– Other relevant setting-specific policies or regulations</li></ul></li><li>■ Facility management (if applicable)</li><li>■ RTO</li><li>■ Student</li></ul>
<b>Practical Experience Student Workbook</b>	<p>Must include:</p> <ul style="list-style-type: none"><li>■ A list of the activities/tasks that the student will be asked to complete during their mentee experience*</li><li>■ The time allocated to each task</li><li>■ Date each task was completed</li><li>■ Signatures from both the student and mentor</li></ul> <p>*Must be aligned with the Units of Competency within the fitness qualification that the student is undertaking</p>
<b>Checklist and Evaluation Form (Student):</b>	<p>This will be completed by the mentor and will provide feedback about each of the key tasks/activities undertaken by the student. This must be signed by both the student and mentor.</p>
<b>Evaluation Form (Mentor):</b>	<p>This will be completed by the student and will provide feedback about their mentee experiences. This must be signed by both the student and mentor.</p>
<b>Mentor Activity Letter/Email Template:</b>	<p>An email or letter must be provided by the RTO for the purposes of awarding CECs to the mentor. This must include a summary of:</p> <ul style="list-style-type: none"><li>■ Mentor's Exercise Professional Registration details (include registration number)</li><li>■ Number of hours spent mentoring</li><li>■ Professional skills/tasks that have been taught to students</li><li>■ The number of students mentored and the dates of mentorship</li></ul>

## CEC Allocation

- Registered Exercise Professional who provide mentoring through an RTO Mentorship Program will be eligible for 1 CEC per 10 hours of placement. This must be with one student.
- In each 2 year registration period, the maximum number of CECs that can be earned through the provision of mentoring is as follows:
  - Level 2 Registered Exercise Professionals – Up to 4 CECs
  - Level 3 Registered Exercise Professionals – Up to 10 CECs

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## Fees applicable

### New program approval

\$290\* (includes application and approval fee)

### Program renewal

\$190\* (includes application and approval fee)

All applications must be submitted electronically to [cecsupport@fitness.org.au](mailto:cecsupport@fitness.org.au). If your document file size exceeds 5MB, attachments may be sent to via an online cloud storage system such as Dropbox. Please contact us if you have concerns or questions about this process.

\*Fees include GST

## Declaration

I declare that all information submitted is true, accurate and that all program materials are original or correctly referenced to the original source. I understand that any infringement of copyright will revoke the program approval. I have read and understood the CEC Provider Information available on the Fitness Australia website: [www.fitness.org.au/cecpviderinformation](http://www.fitness.org.au/cecpviderinformation).

I understand that failure to comply with Fitness Australia CEC Provider requirements as outlined on the Fitness Australia website may result in the withdrawal of a program approval. I understand that if the conduct of my organisation is in anyway inconsistent with the CEC Provider requirements or the stated mission and objectives of Fitness Australia Limited, CEC approval may be withdrawn or withheld.

I acknowledge that my payment (including application and approval fee) covers the cost for program approval for a period of two years.

I agree as an authorised representative of this Registered Training Organisation that this program will be conducted in accordance with the approved content supplied to Fitness Australia.

I agree to re-submit the program to Fitness Australia for review and re-approval if any changes are made to the program content and acknowledge that additional fees may apply.

### IMPORTANT NOTE:

Please note that Fitness Australia is currently undertaking a review of program approval criteria as part of a quality improvement process. I have read and understand the Fitness Australia CEC Program Audit Policy and I understand that my program will be audited and reviewed against the new quality criteria throughout 2014-2015. I agree to actively participate in this audit process, to cooperate with Fitness Australia and to provide all program documentation as requested. I will allow a representative of Fitness Australia to conduct a site audit free of charge, if requested.

RTO Authorised Representative Signature: \_\_\_\_\_

RTO Authorised Representative Name: \_\_\_\_\_ Date: \_\_\_\_\_

**Office use only**  Program received  Total amount invoiced  Tax invoice issued  Payment received

## Payment Details

Please find attached a cheque/credit card payment for the sum of \$ \_\_\_\_\_ inc GST.

I wish to pay by:  Cheque/Money Order: (please make cheques payable to Fitness Australia Ltd)

Credit card details:  VISA  MasterCard

Card number:                 Exp:   /

Cardholder's name: \_\_\_\_\_ Cardholder's signature: \_\_\_\_\_



### Fitness Australia

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